<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	06-24-2009	Address:	15479 William Paul Drive
Case #:	2 <u>41°30538</u>		Bristol, IN
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			heck all that apply)
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ fTotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): outside Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: in garage			
Water Reactive Metal (Lithium): outside-1 pot			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: shed			
Other (item and location):			
☐ Yes . ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Mo	e Information c/Pseudoephedrine Tracking Log crehant Tip ephone Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>ELKHART FD</u> artment: <u>ELKITART CO IJEALTH</u> ction Service: <u>N/A</u>	Fax: <u>574-2</u> Fax: <u>574-5</u> Fax:	<u>23-2283</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: A. Handshoe Phone <u>574-2</u> 34-4157			

- **. This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.